EDGEWATER HAVEN NURSING HOME 1351 WISCONSIN RIVER DRIVE

PORT EDWARDS	54469	Phone: (715) 885-830	0	Ownership:	County
Operated from	1/1 To 12/31	Days of Operation	: 365	Highest Level License:	Skilled
Operate in Conj	unction with	Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds	Set Up and Sta	affed (12/31/03):	110	Title 18 (Medicare) Certified?	Yes
Total Licensed	Bed Capacity	(12/31/03):	125	Title 19 (Medicaid) Certified?	Yes
Number of Resid	ents on 12/31	/03:	96	Average Daily Census:	99

Services Provided to Non-Residents		Age, Gender, and Primary Di	-		(12/31/03)	Length of Stay (12/31/03)	용	
Home Health Care	No	 Primary Diagnosis	8	Age Groups	용		20.8	
Supp. Home Care-Personal Care	No			ı		1 - 4 Years	43.8	
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	8.3	More Than 4 Years	17.7	
Day Services	No	Mental Illness (Org./Psy)	22.9	65 - 74	11.5			
Respite Care	Yes	Mental Illness (Other)	13.5	75 - 84	24.0		82.3	
Adult Day Care	No	Alcohol & Other Drug Abuse	2.1	85 - 94	41.7	* * * * * * * * * * * * * * * * * * *	*****	
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	4.2	95 & Over	14.6	Full-Time Equivalent		
Congregate Meals No		Cancer				- Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	2.1		100.0	(12/31/03)		
Other Meals	Yes	Cardiovascular	24.0	65 & Over	91.7			
Transportation	No	Cerebrovascular	7.3			RNs	19.1	
Referral Service	Yes	Diabetes	4.2	Gender	용	LPNs	7.2	
Other Services	Yes	Respiratory	1.0			Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	17.7	Male	30.2	Aides, & Orderlies	52.8	
Mentally Ill	No			Female	69.8	I		
Provide Day Programming for			100.0			I		
Developmentally Disabled	No				100.0	1		
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Method of Reimbursement

	Medicare (Title 18)						Private Pay			Family Care			Managed Care							
Level of Care	No.	%	Per Diem (\$)	No.	୧	Per Diem (\$)	No.	%	Per Diem (\$)	No.	양	Per Diem (\$)	No.	용	Per Diem (\$)	No.	୍ବ	Per Diem (\$)	Total Resi- dents	- Of
Int. Skilled Care	 1	20.0	318	 2	3.1	134	0	0.0	0	3	11.1	156	0	0.0	0	0	0.0	0	6	6.3
Skilled Care	4	80.0	267	58	90.6	114	0	0.0	0	23	85.2	150	0	0.0	0	0	0.0	0	85	88.5
Intermediate				4	6.3	95	0	0.0	0	1	3.7	139	0	0.0	0	0	0.0	0	5	5.2
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	5	100.0		64	100.0		0	0.0		27	100.0		0	0.0		0	0.0		96	100.0

County: Wood Facility ID: 3060 Page 2 EDGEWATER HAVEN NURSING HOME

Admissions, Discharges, and	I	Percent Distribution	of Residents'	Condit	ions, Services, an	d Activities as of 12/	31/03
Deaths During Reporting Period					 % Needing		Total
Percent Admissions from:	<u>'</u>	Activities of	90		sistance of	% Totally	Number of
Private Home/No Home Health	9.8	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	0.8	Bathing	0.0		62.5	37.5	96
Other Nursing Homes	3.3	Dressing	7.3		56.3	36.5	96
Acute Care Hospitals	82.1	Transferring	15.6		60.4	24.0	96
Psych. HospMR/DD Facilities	0.0	Toilet Use	15.6		55.2	29.2	96
Rehabilitation Hospitals	0.0	Eating	71.9		22.9	5.2	96
Other Locations	4.1	*****	*****	*****	*****	*****	*****
otal Number of Admissions	123	Continence		용	Special Treatmen	ts	용
ercent Discharges To:	1	Indwelling Or Extern	al Catheter	6.3	Receiving Resp	iratory Care	8.3
Private Home/No Home Health	30.4	Occ/Freq. Incontinen	t of Bladder	74.0	Receiving Trac	heostomy Care	0.0
Private Home/With Home Health	15.2	Occ/Freq. Incontinen		47.9	Receiving Suct	ioning	0.0
Other Nursing Homes	4.0	-			Receiving Osto	my Care	1.0
Acute Care Hospitals	9.6	Mobility			Receiving Tube	Feeding	1.0
Psych. HospMR/DD Facilities	0.0	Physically Restraine	d	9.4	Receiving Mech	anically Altered Diets	20.8
Rehabilitation Hospitals	0.0 [_	
Other Locations	7.2	Skin Care			Other Resident C	haracteristics	
Deaths	33.6	With Pressure Sores		2.1	Have Advance D	irectives	74.0
otal Number of Discharges	i	With Rashes		1.0	Medications		
(Including Deaths)	125 i				Receiving Psyc	hoactive Drugs	63.5

Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities

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		Ownership: Government Peer Group		Bed	Size:	Lic	ensure:		
	This			100	-199	Ski	lled	Al	1
	Facility			Peer	Group	Peer Group		Faci	lities
	용	<u> </u>		% Ratio		Ratio	왕	Ratio	
Occupancy Rate: Average Daily Census/Licensed Beds	78.9	88.1	0.90	87.2	0.91	88.1	0.89	87.4	0.90
Current Residents from In-County	97.9	55.3	1.77	78.9	1.24	69.7	1.41	76.7	1.28
<u> -</u>									
Admissions from In-County, Still Residing	29.3	26.8	1.09	23.1	1.27	21.4	1.37	19.6	1.49
Admissions/Average Daily Census	124.2	57.4	2.16	115.9	1.07	109.6	1.13	141.3	0.88
Discharges/Average Daily Census	126.3	59.7	2.11	117.7	1.07	111.3	1.13	142.5	0.89
Discharges To Private Residence/Average Daily Census	57.6	17.8	3.24	46.3	1.24	42.9	1.34	61.6	0.93
Residents Receiving Skilled Care	94.8	85.9	1.10	96.5	0.98	92.4	1.03	88.1	1.08
Residents Aged 65 and Older	91.7	88.5	1.04	93.3	0.98	93.1	0.99	87.8	1.04
Title 19 (Medicaid) Funded Residents	66.7	76.4	0.87	68.3	0.98	68.8	0.97	65.9	1.01
Private Pay Funded Residents	28.1	18.1	1.56	19.3	1.45	20.5	1.37	21.0	1.34
±									
Developmentally Disabled Residents	0.0	0.5	0.00	0.5	0.00	0.5	0.00	6.5	0.00
Mentally Ill Residents	36.5	47.1	0.77	39.6	0.92	38.2	0.96	33.6	1.09
General Medical Service Residents	17.7	21.1	0.84	21.6	0.82	21.9	0.81	20.6	0.86
Impaired ADL (Mean)	52.3	44.7	1.17	50.4	1.04	48.0	1.09	49.4	1.06
Psychological Problems	63.5	62.8	1.01	55.3	1.15	54.9	1.16	57.4	1.11
Nursing Care Required (Mean)	4.3	7.8	0.55	7.4	0.58	7.3	0.59	7.3	0.59